



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES



APPLICATION FOR NEW OWTS DESIGNER 'S LICENSE
CLASS I, II, III, IV

This form is valid for license year beginning January 1, 2017.

FOR DEM USE ONLY

Date Received Check No. Amt. Received Code 17B

INSTRUCTIONS

- 1. Read all instructions and questions carefully before completing this application.
2. Do not write in the boxes labeled "For DEM Use Only".
3. All information must be printed in ink or type written.
4. Fill out all sections completely, including your signature.
5. Send application and fee to: Department of Environmental Management, Permit Application Center (PAC), 235 Promenade Street, Providence, RI 02908.
6. Within 30 days of receipt of an application, the applicant shall be notified of their eligibility status.

GENERAL INFORMATION

Date of Birth
First Name MI Last Name
Legal Residential Mailing Address
City State Zip
Telephone E-mail Address

LICENSE APPLICATION FEE TABLE

Table with 3 columns: License, Number of Years for Which the License will be Valid, License Application Fee. Rows include Class I (\$50), Class II (\$100), Class III (\$100), and Class IV* (\$150*).

*If you are applying for a Class IV License and hold another Designer License, find the License Application Fee associated with that license in the table above and pay the indicated fee. The new CI-IV license, when issued, will expire at the same time as the other license.

TAXPAYER CERTIFICATION

You are required to furnish your Social Security # or FEIN pursuant to Chapter 75 of Title 5 and Chapter 3 of Title 31 of the RI General Laws, as amended. Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any person renewing a motor vehicle operator's license or motor vehicle registration within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Social Security # or FEIN
Applicant's Signature Date
Printed Name

If necessary, please submit Letter of Good Standing or Installment Agreement along with this completed license application as directed above in the Instructions section of this application form.

This form expires November 1, 2017, see RIDEM website (www.dem.ri.gov) for most recent form update.

EMPLOYMENT INFORMATION

Provide contact information for OWTS permitting, licensing and designer listing on the RIDEM website.

Business Name (optional): _____

Address: _____

Telephone: _____ Email: _____

LICENSE

Indicate license for which you are applying Class I Class II Class III Class IV

License(s) currently held: (Check appropriate title(s))	<input type="checkbox"/> RIDEM OWTS Installer	Registration # _____
<input type="checkbox"/> RI PLS Registration # _____	<input type="checkbox"/> RIDEM Class I Designer	Registration # _____
<input type="checkbox"/> RI PE Registration # _____	<input type="checkbox"/> RIDEM Class II Designer	Registration # _____
	<input type="checkbox"/> RIDEM Class III Designer	Registration # _____
	<input type="checkbox"/> RIDEM Class IV Soil Evaluator	Registration # _____

Are any of the licenses checked above currently expired, suspended, or revoked? **Yes** **No**

Have you ever possessed a professional license, which is a minimum requirement to obtain a RIDEM designer's license, which was revoked, suspended or which has expired? **Yes** **No**

If yes, what type of license _____.

If yes, please give date of revocation, suspension or expiration _____.

AFFIDAVIT

I, the undersigned Applicant, hereby declare under the penalty of perjury that all statements made on this application and in support thereof are true and complete to the best of my knowledge and belief; that this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

Signature of Applicant _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary _____ My Commission expires _____, 20_____.

(SEAL)

FOR DEM USE ONLY

License Status

Approved

Denied

Comments: _____

Signature of Authorized Agent: _____ Date: _____